

# CHAPTER 19

## THE ARMY HEALTH SERVICES SUPPORT SYSTEM

*What Army Medicine does for the nation, the Army and the soldier is easy to explain, but people need reminding... It never hurts to refresh memories:*

- About grim battles long ago, when wounded lay suffering on the field for days; and how Jonathan Letterman's evacuation concepts saved American soldiers from that.*
- About armies wiped out by epidemics or too weakened by disease to fight; and how the AMEDD has almost eliminated disease as an operational factor.*
- About heroic medics and medevac crews whose rescue of wounded soldiers under fire is a combat multiplier, boosting the morale and fighting power of combat soldiers.*
- About families kept healthy by world-class Army health care, so that soldiers can concentrate on the business at hand.*

LTG Ronald R. Blanck  
Commander, USAMEDCOM

### INTRODUCTION

Since 1775, innovations in technology, the development of new treatment modalities and the evolution of human goals have revolutionized the practice of military medicine. Military medicine has made a dedicated effort to keep pace with the constantly changing battlefield doctrine to meet the needs of both commanders and soldiers. The Army Medical Department is taking major steps to incorporate advanced technology into the way we provide care to patients. What was science fiction yesterday is in the laboratory today, and tomorrow will be put to use by combat medics and hospital staffs.

The current military health services support system is based on the Joint Health Service Support Strategy that directly supports the National Military Strategy by:

- delivering a fit force,

- preventing disease and non-battle injury, and
- caring for and managing casualties.

The health services support system encompasses all levels of medical, dental, veterinary, and other related health professional care from the policy and decisionmaking level to the combat medic in the field. The command and management of health service resources within the Army is directed and monitored by the Office of The Surgeon General (OTSG) through the Army Medical Department (AMEDD) and its principal operating command, the U.S. Army Medical Command. Hand in hand with the total Army management system, the AMEDD conducts various programs specifically designed to meet the force modernization, unit readiness, research and development, preventive medicine, and patient care missions for the armed forces.

Medical and dental benefits for the Army family are an important element of the overall employment compensation package and retention of a quality force. The provision of comprehensive, quality health care benefits to military personnel is required by law. Other eligible Army categories, such as retirees and family members are entitled to medical and dental care subject to availability of space, facilities, and medical and dental staff as defined by Title 10, U.S. Code, and other regulatory requirements. Provision of such benefits to family members is an "implied contract" as the result of tradition and the expectation of military members. The instillation of confidence in American soldiers by the fact that they are supported on the battlefield by a superb medical evacuation and treatment system, and the fact that they and their family members will receive high quality health care, are essential factors in motivating them to serve in the military and perform in combat.

This chapter identifies the functions and responsibilities of the Army Medical Department as they relate to the total Army management system. In this context, the Army Medical Department has developed various management systems specifically designed to enhance the development and control of resources associated with the health services support system. Great emphasis has been dedicated to improving health service personnel management, materiel procurement, medical research and development, health promotion, disease surveillance, preventive medicine, health services automation, health facilities construction, and the education and training of health care professionals. This continuing reorganization and reengineering will maintain accessible, high-quality care and fostered conversion of military health care to a managed-care model called

TRICARE. The AMEDD is one of the world's largest medical systems with three million beneficiaries. The Surgeon General exercises command authority with direct control over the majority of the AMEDD's vital core.

## **THE MISSION**

The mission of the Army Medical Department is to "maintain the health of members of the Army, to conserve the fighting strength, to provide health care for eligible personnel, and to prepare health support to members of the Army in time of war, international conflict, or natural disaster".

This mission has two facets, both of which relate directly to the combat readiness of the U.S. Army. First, the Army Medical Department is responsible for maintaining the clinical, technical, and combat readiness of medical units and personnel to support U.S. Army forces in the theater of operations. The deployable medical units of the U.S. Army carry this out, with a heavy reliance on the Reserve Components which constitutes approximately 70 percent of the Army's medical forces. These units are apportioned to combatant commands around the world. Tactical medical units are directly supported by the fixed installation Table of Distribution and Allowance (TDA) medical units assigned to U.S. Army Medical Command. The TDA AMEDD mission includes the delivery of specialized medical care to soldiers and family members at medical centers and community hospitals; dental care; veterinary services; medical research and development; education and training, combat developments, test, and evaluation; and health promotion and preventive medicine.

Central to the maintenance of a high quality, combat ready health services support force is the recruitment and

retention of health care professionals and sustainment of their skills. Deploying the medical force is one of the AMEDD's primary missions. Readiness to accomplish this essential function can only be ensured through the practice of medicine and its related disciplines in a patient care environment. In peacetime, the vast majority of health care professionals and technical support personnel who deploy with medical units are employed within the U.S. Army's fixed hospitals, medical centers and other health care facilities. The day-to-day practice of health care professionals and their support staff in these environments is the basis for maintaining the clinical skills and teamwork necessary to care for sick and wounded soldiers during combat operations.

The second, but equally important aspect of the Army Medical Department mission is to help maintain the personnel readiness of the entire U.S. Army by maintaining the health of individual soldiers and their families. Physical readiness, good health and the knowledge that family members will be cared for are essential to the ability of each soldier to deploy and perform his or her mission in the combat environment. Projecting a healthy and protected force and caring for soldiers and their families is the responsibility of the U.S. Army Medical Command and its subordinate commands. It is accomplished through the delivery of patient care, health promotion, preventive medicine activities, education and training, and medical research and development.

### **MEDICAL READINESS**

Commanders are responsible for the health and physical fitness of their soldiers. The Army Medical Department supports commanders as the proponent for medical doctrine, advising commanders in all health related matters, and for executing command

policy in the area of health services support. The Army Medical Department:

- advises the command of measures to take to assure the health, fitness, and vigor of all members of the U.S. Army,
- where directed, acts as the proponent to provide those measures needed to assure health and fitness, and
- develops, trains, and maintains forces necessary for medical support to the U.S. Army in a wartime environment.

The importance of the medical system on the battlefield is paramount. It supports the prevention of disease and non-battle injury to ensure maximum warfighting capability. When casualties occur, the medical system provides for the rapid evacuation to medical treatment facilities. The prompt evacuation of combat casualties is not only essential for the preservation of life, but also assists the combat commander in continuing the battle by clearing the battlefield of wounded soldiers.

### **THE ARMY MEDICAL DEPARTMENT SYSTEM**

#### **Functional Relationships.**

*The Surgeon General (TSG)* is responsible for development, policy direction, organization, and overall management of an integrated Army-wide health service system and is the medical materiel developer for the Army. The Surgeon General policy and regulations on health service support, health hazards assessment, the establishment of health standards, and medical materiel development. The Surgeon General also has proponentcy for personnel management within the Army Medical Department. In executing those responsibilities, the Surgeon

General relies on organizations to fulfill functions discussed below.

***Army Medical Department (AMEDD)*** is comprised of personnel, units, organizations, and facilities of the Army that are under the supervision and management of The Surgeon General. This includes the special branches of the Medical Corps (MC), Dental Corps (DC), Veterinary Corps (VC), Medical Service Corps (MS), Army Nurse Corps (AN), and Army Medical Specialist Corps (SP). Also included within the AMEDD are medical enlisted soldiers in Career Management Field (CMF) 91 and DA civilians employed within AMEDD organizations and activities.

***Health Services*** are all services performed, provided, or arranged for (regardless of location) which promote, improve, conserve, or restore the physical or mental well-being of individuals or groups, and those services which contribute to the maintenance or restoration of a healthy environment. Health services include, but are not limited to, preventive, curative, and restorative health measures; medical department doctrine; medical aspects of nuclear, biological, and chemical (NBC) defense; health promotion; assessment of medical threats and countermeasures; medical operations planning; health professional education and training; health-related research; transportation of the sick and wounded; selection of the medically fit and disposition of the medically unfit; health care administration, supply, and maintenance; and the delivery of medical, nursing, dental, veterinary, laboratory, optical, and other specialized health care services.

***TRICARE.*** Adequate health care coverage for soldiers, retirees and their families is an essential and valuable benefit.

During the post-Cold War drawdown, some Army medical facilities consolidated or closed, forcing many individuals to change the way they received health care. To stem the growing perception of an eroding health care benefit, the Army is working closely with DOD Health Affairs to provide soldiers, retirees, and their families the health care they expect and deserve.

To better meet readiness and serve soldier and family health needs, the Army support the implementation and development of the TRICARE managed care initiative. TRICARE is the medical program for active duty service members, qualified family members, CHAMPUS-eligible retirees and their family members, and survivors of all uniformed service members. It is managed by the military in partnership with civilian contractors. Each of regions of the United States has a lead agent (i.e., Army, Navy, or Air Force), who is usually a commander of a military treatment facility, responsible for overseeing the program.

TRICARE offers three options for obtaining necessary medical care and having health care needs managed:

- TRICARE Prime, at a military treatment facility or at a private provider in the TRICARE network;
- TRICARE Extra, at a private provider of choice in the TRICARE network; and
- TRICARE Standard, the same choice as CHAMPUS, at a private provider of choice not part of the TRICARE network, but with higher co-payments that TRICARE Prime or Extra.

Active duty soldiers will be enrolled in TRICARE Prime. Other beneficiaries may choose to enroll in any one of the three TRICARE options.

TRICARE was implemented in all 12 regions in FY98. Enrollment in TRICARE dramatically exceeded initial projections and surveys indicate TRICARE has improved both access and satisfaction with health care.

### **Staff Relationships.**

In establishing health services and health standards necessary to maintain the Army's fighting strength, the AMEDD crosses all agency and staff boundaries within DOD. The following functional relationships exist:

***Office of the Assistant Secretary of Defense (Health Affairs) (ASD [HA]).*** The ASD (HA) has statutory responsibility for overall supervision of the health affairs of DOD and is the principal staff assistant and adviser to SECDEF for all DOD health policies, programs, and activities.

***TRICARE Management Activity (TMA).*** The TMA is a DOD field activity of the Under Secretary of Defense for Personnel and Readiness (USD[P&R]) that operates under the authority, control, and direction of the ASD (HA). The mission of TMA is to administer and manage TRICARE and administer, manage, and monitor Service execution of the Defense Health Program (DHP) Appropriation and the DOD Unified Medical Program. TRICARE lead agents coordinate health care within each health service region ensuring cooperation among military treatment facilities of all Services and efficient management of the regional managed care support (MCS) contract. MCS contractors organize networks of civilian providers to augment military healthcare, perform claims processing, and provide other administrative services for the region.

***The Office of The Surgeon General (OTSG)*** has the following Army staff responsibilities:

- assisting the Secretary of the Army (SA) and the Chief of Staff, Army (CSA) in discharging Title 10 responsibility for health services for the Army and other agencies and organizations entitled to military health services.
- representing the Army to the Executive Branch, Congress, DOD agencies, and other organizations on all health policies affecting the Army.
- advising and assisting the SA and CSA and other principal officials on all policy issues pertaining to the military health service system to include the following seven areas:
  - (1) policies and regulations concerning the health aspects of Army environmental programs
  - (2) health professional education and training for the Army, to include training programs for all health care specialty areas in medical, nursing, dental, and veterinary practice.
  - (3) research and development activities for nutrition and wholesomeness in support of the DOD Food Service Programs.
  - (4) medical materiel life-cycle management.
  - (5) medical materiel concepts, requirements, validity and viability.
  - (6) technical review and evaluation of medical and nonmedical materiel to determine the existence of possible health hazards.

- (7) program management for Army health care automation.
- Army execution of the Defense Medical Systems Support Center (DMSSC).
- medical aspects of the Security Assistance Program.
- program sponsor for Operations and Maintenance, Army – Program 84 (Medical).
- Executive agent of the Secretary of the Army for all DOD Veterinary Services.

## **COMMAND AND MANAGEMENT**

In 1992, the AMEDD began a reorganization effort designed to ensure the ability to accomplish the health care mission well into the 21st century. The reorganization focus was a streamlined command and control system with missions and functional areas linked to the organizational structure, with the mental complexity of the work to be performed linked to organizational level, and with command authority and accountability congruent throughout the organization.

The AMEDD vision of “a world class system for total quality health care in support of America’s Army at home and abroad, accessible to the total Army family, accountable to America’s people” served as the basis for the reorganization. Based on a power-down concept, the objectives for this reorganization included the creation and sustainment of a fully integrated Army medical department poised to provide cost-effective, high-quality health care services. It also included a full integration of medical units in the Active and Reserve components in both the TOE and TDA command elements

In 1992, Health Services Command launched Gateway to Care, a localized

managed care program. In a design based on catchment-area management, Army hospital commanders got more responsibility and authority to coordinate and manage care in and with the civilian medical system. Beginning in 1994, Gateway to Care was gradually absorbed into a new DOD tri-service managed care plan called TRICARE, modeled on the CHAMPUS Reform Initiative tested in California and Hawaii in 1987. In 1993, the CSA approved a plan to reorganize the AMEDD. The major reorganization was completed in 1996, resulting in an expanded medical command under the command of the Surgeon General.

### **One Staff.**

In 1998, the AMEDD took another bold organizational step. The Surgeon General who is also the Commander, U.S. Army Medical Command (USAMEDCOM) directed the implementation of the so-called One Staff. The One Staff concept consolidates the staffs at OTSG and Headquarters, USAMEDCOM, Fort Sam Houston, Texas, into a single staff with one set of leaders who coordinate ARSTAF functions and the MACOM functions (Figure 19-1).

The One Staff performs the critical resources management function for the AMEDD. Among the more significant changes in military medicine in recent years is the inception of the DOD Unified Medical Program and the Defense Health Program (DHP) Appropriation. The ASD (HA) issues policy guidance and the TMA manages and monitors Service execution of the DHP Appropriation and the DOD Unified Medical Program. The One Staff programs funds and manpower using both the DHP and Army appropriations. DHP funds provide for most peacetime health

# The Army Medical Department

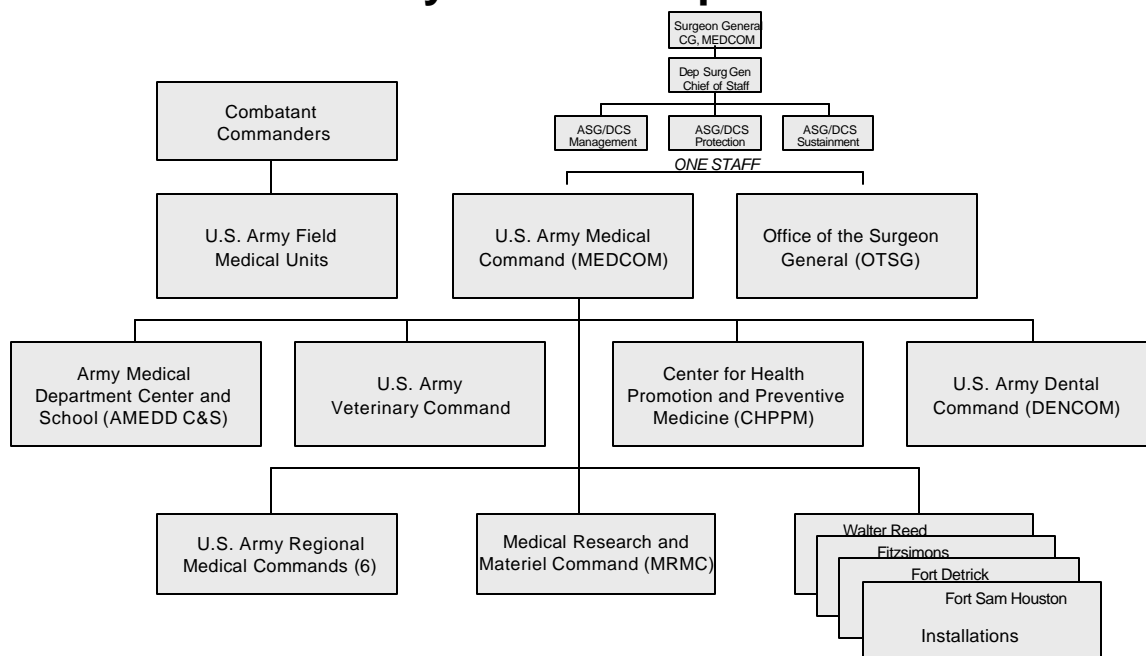


Figure 19-1

care operations in TDA units such as Army medical centers and community hospitals and for TRICARE Managed Care Support Contracts. Army funding supports deployable TOE units and medical readiness missions.

The One Staff programs for Army funds and provides its input to the Army's Program Objective Memorandum (POM). It programs for DHP funds and provides input to the DHP POM through the TMA. The vast majority of AMEDD manpower is funded by the DHP. Military personnel costs are programmed by TMA in the DHP POM and the programmed Total Obligation Authority (TOA) transfers to the Military Personnel Army Appropriation when the Budget Estimate Submission is prepared. Civilian personnel costs are reimbursable from DHP Operations and Maintenance Defense funds during the year of execution. Authorizations for both military and civilian personnel are on Army manpower documents.

## U.S. Army Medical Command.

The major subordinate commands of the U.S. Army Medical Command (USAMEDCOM) include:

- six Regional Medical Commands (RMC),
- the AMEDD Center and School,
- the Dental Command,
- the Veterinary Command,
- Medical Research and Materiel Command, and,
- the Army Center for Health Promotion and Preventive Medicine Command.

The consolidation of worldwide medical assets under the USAMEDCOM when it was fully activated in 1996 greatly enhanced command and control efficiency as the AMEDD strives to meet the health care needs of the U.S. Army of the 21st century. Implementation of the One Staff concept is proof of the AMEDD's dedication to continuous quality improvement as it strives to find the most efficient and

effective command and control structure to move into the Army After Next.

The One Staff is responsible for AMEDD policy, planning, and operations worldwide with a focus on strategic business planning. Its mission is to:

- provide the vision, direction, and long-range planning for the AMEDD,
- develop and integrate doctrine, training, leader development, organization, and materiel for the Army health service system,
- allocate resources, analyze health services utilization, and conduct assessments of performance worldwide, and
- coordinate and manage graduate medical education programs at the Army medical centers.

### **Medical Research and Materiel Command (USAMRMC).**

The mission of USAMRMC is to discover and develop medical solutions, which will protect and sustain the health and performance of the force across the continuum of operations. Mission responsibilities include:

- serving as materiel developer and logistician for Medical Materiel (Class VIII),
- conducting basic research, exploratory testing, engineering development and deployment development for medical materiel systems,
- performing research, development, testing, and evaluation in five critical areas:
  - (1) infectious disease
  - (2) combat casualty care
  - (3) operational medicine
  - (4) medical biological

(5) medical chemical defense

- performing as DOD/Joint Services Lead Agent for medical research and development in the areas of biological and chemical defense, infectious diseases, combat dentistry and nutrition,
- planning and executing medical logistics mobilization support and management of the Medical War Reserves Materiel Program,
- operating the National Maintenance Point for Medical Equipment, and
- providing the Army Service Item Control Center for medical, dental, and veterinary equipment and supplies.

### **Dental Command.**

The mission of the Dental Command is to assist in maintaining the readiness of the U.S. Army by:

- serving as the proponent for meeting the dental health needs of the Total Army family and eligible beneficiaries, and,
- maintaining graduate dental education, leader development and research programs to support readiness requirements.

### **Veterinary Command.**

The mission of the Veterinary Command is to:

- provide military veterinary services in support of the U.S. Army and Department of Defense operations worldwide, and,
- serve as Department of Defense Executive Agent for veterinary services.



## **U.S. Army Center for Health Promotion and Preventive Medicine.**

A Center for Health Promotion and Preventive Medicine (USACHPPM) was fully activated on October 1, 1995. This new organization is an outgrowth of the former U.S. Army Environmental Hygiene Agency. The mission of the USACHPPM is to provide worldwide technical support for implementing preventive medicine, public health, health promotion, and individual wellness services in all parts of the U.S. Army and the Army community.

## **AMEDD Center and School.**

The mission of the AMEDD Center and School is to:

- develop, integrate, coordinate, implement, and sustain training and training products for Active duty and Reserve medical and allied health officers, warrant officers, enlisted soldiers, and civilian personnel worldwide,
- analyze, develop, integrate, test, and validate concepts, emerging doctrine and medical systems, and doctrine and training literature,
- conduct all officer, enlisted, and civilian proponent functions, force structure development, personnel inventories, and life-cycle management of all AMEDD career fields,
- develop concepts and systems for combat health services support of the Army,
- serve as the integration center for all doctrine and training requirements; systematically develop courses,

training devices, manuals and sustainment materials to ensure medical readiness.

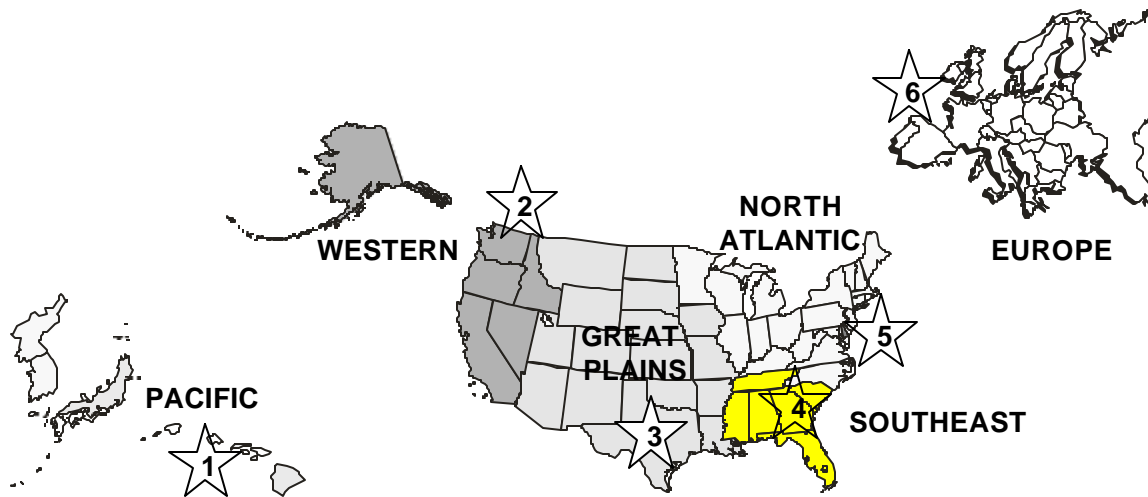
- provide training, education, and evaluation of Army Medical Department personnel,
- test and evaluate new and replacement items of equipment having medical implications,
- act as the proponent for combat medical support, theater medical services, and medical logistics force design, and
- conduct healthcare studies to improve the operational efficiency and effectiveness of the Army Medical Department.

## **Regional Medical Commands (RMCs).**

The Regional Medical Commands (RMCs) were designed to provide overall command and control of health care operations within a defined geographical region, with each Army Medical Center and Army Medical Activity in a region responsible for the day-to-day delivery of health care services. Figure 19-2 reflects regional boundaries for medical and dental commanders. Mission responsibilities include:

- regional command and control of an affordable, multidisciplinary, customer-focused, quality military health service system,
- supporting the readiness requirement of the U.S. Army,
- developing and sustaining technical health care and leader skills in support of USAMEDCOM readiness goals, and

## REGIONAL MEDICAL COMMANDS & Collocated Dental Commands



- |                                     |                                    |
|-------------------------------------|------------------------------------|
| 1. Tripler AMC, Hawaii              | 4. Eisenhower AMC, Fort Gordon, GA |
| 2. Madigan AMC, Fort Lewis, WA      | 5. Walter Reed AMC, Washington, DC |
| 3. Brooke AMC, Fort Sam Houston, TX | 6. Landstuhl RMC, Germany          |

**Figure 19-2**

- allocating resources, analyzing utilization, and assessing performance across the RMC.

As the primary integrator of medical readiness, the RMC is responsible for:

- daily utilization of TOE-TDA medical assets, integrating Active and Reserve training, and development of mobilization requirements,
- budgeting, defending, and allocating readiness costs and funding,
- preplanning the medical treatment facility (MTF) professional backfill requirements during deployment by expanding network coverage, shifting RMC assets, and coordinating Reserve Component Coverage,
- ensuring that Army medical readiness requirements are fully

integrated into the activities of DOD health care regions,

- conducting training exercises in MTF mobilization, professional backfill activities, and deployment actions,
- providing medical planning and preparation programs for worldwide contingency operations, and
- sponsoring readiness-based clinical research.

### **AMEDD Role in Combat Service Support Units.**

In addition to its fixed health care facilities, the U.S. Army maintains medical units with a combat service support (CSS) mission within all deployable commands. These medical units work in concert with logistic and personnel units to form the CSS

core for Army forces. The deployable medical assets consist of TOE units in both the Active and Reserve Components. The Active Component medical units are integral to U.S. Army Forces Command, USAREUR, the U.S. Army South, and the U.S. Army Pacific. Deployable medical units range in size, scope of mission, and capacity from medical companies to combat support hospitals. Collectively they establish an integrated continuum of medical evacuation and treatment from forward on the battlefield, to the corps/COMMZ, and eventually to specialized treatment in CONUS.

In the event of mobilization, AMEDD Reserve Component medical units will often be among the early deploying forces destined for theater of operation. With approximately 70 percent of the Army's medical force in the either the ARNG or USAR the AMEDD truly embraces the One Army concept. The U.S. Army Medical Command in expanding the CONUS based Active Component and Reserve Component fixed health care facilities will provide a large portion of the professional personnel, on a predesignated basis, to units deploying to and already stationed in the theater of operations under the Professional Filler System (PROFIS). Well-trained and combat ready Reserve Component medical units are absolutely essential for insuring that the combat health support (CHS) missions of the Army are accomplished during periods of mobilization.

### **Staff Surgeons.**

The senior Medical Corps officer present for duty with a headquarters (other than medical) will be officially titled:

- the “Command Surgeon” of the Army component commands,

- the “Surgeon” of the field command (e.g. Corps, CONUSA),
- the “Chief Surgeon” of the overseas major Army command, or
- the “Director of Health Services (DHS)” at the installation level.

The Surgeon and DHS are responsible for the staff supervision of all health matters and policies, except dental matters. The Director of Health Services (DHS) and the Director of Dental Services (DDS) will serve on the installation commander's staff. Normally, the commander of the medical center (MEDCEN) or Medical Department Activity (MEDDAC) is the DHS, and the commander of the U.S. Army Dental Activity (DENTAC) is the DDS.

### **Health Service Logistics.**

Health service logistics is an integral part of the Army Health Services Support System and is managed by the AMEDD. This gives the command surgeon the ability to influence and control the resources needed to save lives. The Surgeon General establishes medical logistics policies and procedures within the framework of the overall Army logistics system. Health service logistics includes the management, storage, and distribution of medical materiel, blood and blood products, optical fabrication, and medical equipment maintenance. The medical commodity (Class VIII) has characteristics that make it distinctly different from other classes of supply. Medical materiel includes pharmaceuticals, narcotics, and blood products that are potency and shelf life dated requiring special handling and security. Most items are subject to the regulations and standards of external agencies such as the Food and Drug Administration, the

Environmental Protection Agency, the Drug Enforcement Agency and the Joint Commission on Accreditation of Healthcare Organizations. Medical logisticians have extensive knowledge of those requirements as they relate to health service support.

The Single Integrated Medical Logistics Manager (SIMLM) mission specifies that a single organization or Service component manage and provide health service logistics support to joint forces operating in the theater. The AMEDD has been designated as the SIMLM in Korea, Southwest Asia, SOUTHCOM and Europe.

### **Medical Reengineering Initiative (MRI).**

In October 1993, the AMEDD initiated the redesign of Combat Health Support (CHS). The initiative focused on split-based operations; improved tactical mobility; reduced footprint; fixing communications; exploiting information technology; flexibility, deployability, and tailorability; and without a growth in structure. The resulting new design supports the tenets of Army Force XXI: enhance the combat commander's operational tempo; reduce the logistics burden; and, most importantly, reduce the morbidity and the mortality of wounded soldiers. MRI is a program focused on converting the entire CHS force of the AMEDD. As such, MRI represents a reorganization of CHS units and is not an equipment modernization effort. Equipment modernization of the CHS force will occur simultaneously with the MRI conversion process. MRI encompasses 394 medical units impacting all three Army components. This major Army initiative commences with the inactivation of 37 medical units in FY99. MRI is currently developing and integrating the components of a doctrinally sound, fiscally feasible MRI force (FY00-05), based on provided cost

information, input from the Army MACOMs and given Army resource constraints.

### **SUMMARY**

This chapter has discussed the mission, organization, functions, and staff relationships of the Army Medical Department. The health services support system encompasses all levels of medical, dental, veterinary, and other related health professional care from the policy and decisionmaking level to the combat medic in the field. The command and management of health service resources within the Army is directed and monitored by the Office of The Surgeon General through the Army Medical Department. Hand in hand with the total Army management system, the Army Medical Department conducts various programs specifically designed to meet the force modernization, combat readiness, research and development, preventive medicine and patient care missions for the armed forces. For more information on Army Health Services see <[www.armymedicine.army.mil](http://www.armymedicine.army.mil)>.

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